

PART B - FEE(S) TRANSMITTAL



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7590

03/29/2006

MICHAEL L GOLDMAN
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 PO BOX 31051
 ROCHESTER, NY 14603

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Patricia Knisley	(Depositor's name)
Patricia Knisley	(Signature)
June 28, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/455,978	12/06/1999	MAQSUDUL ALAM	201040/1020	5811

TITLE OF INVENTION: HEME PROTEINS HEMAT-HS AND HEMAT-BS AND THEIR USE IN MEDICINE AND MICROSENSORS

07/06/2006 HGUTEMAR 00000007 09455978

01 FC-2501	700.00 DP				
02 FC-8001	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE
	nonprovisional	YES	\$700	\$0	\$700
					06/29/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHNIZER, HOLLY G	1656	530-385000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Nixon Peabody LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

University of Hawaii

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Honolulu, Hawaii

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10 copies

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the/required fee(s), or credit any overpayment, to Deposit Account Number 14-1138 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Edwin V. Merkel

Date

June 28, 2006

Typed or printed name

Edwin V. Merkel

Registration No.

40,087

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